

MDR Tracking Number: M5-04-1057-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-10-03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, and the Requestor's letter dated 2/23/04 requesting withdrawal of dates of service 5/22/03 and 8/1/03 (which pertain to fee issues), the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. Two office visits, and two units of therapeutic exercises per service date between 5/12/03 and 5/29/03 **were found** to be medically necessary. The remaining office visits, joint mobilization, and therapeutic activities **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the office visits, therapeutic exercises, joint mobilization, and therapeutic activities.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 4/1/03 through 5/29/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 3rd day of March 2004.

Regina Cleave
Medical Dispute Resolution Officer
Medical Review Division
RC/rc

NOTICE OF INDEPENDENT REVIEW DETERMINATION

February 10, 2004

MDR Tracking Number: M5-04-1057-01
IRO Certificate No.: 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or

rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians.

All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

____, a 29 year old female, injured her left foot while employed by _____. She was moving an entertainment center when it dropped on her foot. Initially she did not have too much trouble, remaining at work until approximately three weeks later, when she noticed soreness/aching to the left foot which worsened with two hours of standing. She presented to _____ where she was diagnosed with left foot contusion and pain on 5/21/01. X-rays at that time were read as normal. She then started care with _____, a chiropractor for diagnosis of ligamentous strain of the left foot. She was treated with ice, three units of therapeutic exercises, mobilization, myofascial release, manual traction and specific spinal manipulation according to the notes. She had approximately two months of care before self discharging, returning to work for one year before returning once more on 7/1/02 complaining of return of ankle pain effecting her ability to work. MRI was obtained on 8/19/02, this was essentially normal aside from signs of minimal ankle effusion with a small amount of fluid surrounding the posterior tibial tendon. She was referred for podiatric second opinion on 11/4/02 with _____. Bone scan was ordered to rule out CRPS and this was normal on 12/2/02. On 12/16/03 she was given a diagnosis of capsulitis per _____. Cortisone injection was administered. Physical findings around this time included left midfoot pain to palpation along with swelling. Surgery was recommended for resection of dorsal exostosis and excision of ganglionic cyst, and this was performed on 3/7/03. Postoperative physical therapy was performed by _____, consisting of daily visits for two weeks, three times a week for six weeks. The patient then entered a work hardening program. A required medical evaluation was performed by _____ on 5/1/03. His opinion was that there was little medical necessity for the operative protocol to be carried out by _____. Additionally he found no active clinical issues requiring ongoing care. A functional capacity evaluation was performed, qualifying for her for a medium to heavy physical demand level, identifying submaximal effort.

REQUESTED SERVICE (S)

Medical necessity of office visits, joint mobilization, therapeutic exercises, therapeutic activities from 4/01/03 through 5/29/03.

DECISION

1/. Code 99213: There is no establishment of medical necessity for more than two evaluation and management services / office visits (99213) between 4/15/03 and 5/14/03.

2/. Code 97110: There is no establishment of medical necessity for more than 2 (TWO) units of therapeutic exercises per service date between 5/12/03 and 5/29/03

3/. Code 97530: There is no establishment of medical necessity for this service for any of the disputed dates.

4/. Code 97265: There is establishment of medical necessity for this service on all of the disputed dates.

RATIONALE/BASIS FOR DECISION

1/. Code 99213:

The patient was essentially on a focused rehabilitation/strengthening program for the left foot, which for all intents and purposes was progressing on an undeviating course. There was no evidence in the documentation suggesting the requirement for additional office visits beyond a basic monitoring every two weeks.

2/. Code 97110: A period of postoperative conservative care is appropriate, with the inclusion of therapeutic activities/exercises. Unfortunately there is no documentation supporting the response to exercises performed in terms of duration, sets, reps, etc. that would normally accompany such an intensive program of care. According to the billed amounts, this patient underwent essentially an hour to an hour and a half of one-on-one exercises and functional activities. No progression / response / deviation to the program is indicated to support any more than two units per encounter date. The records all appear to be of the computerized, "canned" variety. They are repetitious, contain minimally clinically useful information and do not show significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, his progression or improvement/response to care.

3/. Code 97350: There is no documentation dictating the requirement for function activities, nor any documentation with respect to which functional activities were performed for any of the dates of service provided. As such, medical necessity has not been established.

7/. Code 97265: Joint mobilization is an appropriate manual therapy procedure applied to a post-surgical foot in this phase of care.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such material may or may not change the opinions rendered in this evaluation.

My opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.